

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE
OCT 15 PM 5:28

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Alison for Kentucky

ADDRESS (number and street)

340 Democrat Drive

Check if different
than previously
reported. (ACC)

Frankfort

KY

40601

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00547083

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

KY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2013

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y
12 31 2013

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert C. Stilz III

Signature of Treasurer

Robert C. Stilz III

Date

M M / D D / Y Y Y Y Y Y
10 14 2014

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)